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FACSIMILE COVER SHEET

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 21

[] Original documents to follow by mail

[X] No originals will be sent

DATE: February 19, 2004

TO: Examiner William C. Joyce
 Group Art Unit 3682

FAX #: 703-872-9306

PHONE #: 703-305-5114

Application No.: 09/762,153

OUR REF.: 2842.02US01

Applicant: TORII et al.

Due Date: February 23, 2004

FROM: Wm. Larry Alexander

PHONE #: (612) 349-5757

Attached please find the following document for filing in the above-identified patent application:

- 1) Amendment Transmittal – 2 pages;
- 2) Petition for One Month Extension of Time – 1 page;
- 3) Amendment in response to Office Action dated October 23, 2003 – 17 pages.

Sincerely,

Wm. Larry Alexander

Wm. Larry Alexander

Reg. No. 37,269

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below.

February 19, 2004
 Date

Shari R. Thorndike

Shari R. Thorndike

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Attorney Docket No. 2842.02US01

AMENDMENT TRANSMITTAL

In re the application of:

Torii et al.

Confirmation No.: 1357

Application No.: 09/762,153

Examiner: W. C. Joyce

Filed: February 1, 2001

Group Art Unit: 3682

For: DRIVING APPARATUS EQUIPPED WITH MOTOR AND DECELERATING MECHANISM

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

[] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.

The filing fee has been calculated as shown below:

| | Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra (Equals) | Small Entity Rate | Add'l Fee | OR | Large Entity Rate | Add'l Fee |
|------------|----------------------------------|---------------------------------|------------------------|-------------------|-----------|----|-------------------|-----------|
| Total | 50 | - [50]** | = | x 9 | \$ | | x 18 | \$0 |
| Indep. | 8 | - [4]*** | = | x 43 | \$ | | x 86 | \$344 |
| Mult. Dep. | | | = | + 145 | \$ | | + 290 | \$0 |
| | | | | TOTAL | \$ | OR | TOTAL | \$344 |

[] First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 09/762,153

- [X] The Commissioner is hereby authorized to charge Deposit Account No. 16-0631 in the amount of \$454.00 (for additional claims fee and one month extension of time fee).

Respectfully submitted,

Wm. Larry Alexander
Wm. Larry Alexander
Registration No. 37,269

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF FACSIMILE TRANSMISSION

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